



ASSURANT
Health

Fax

907 N. Elm Street
Ste. 202
Hinsdale, IL 60521
Phone: (630) 321-2200
Facsimile: (630) 321-2206

www.assuranthealth.com

To: Tiffany Insurance Agency
Company:
Fax: 17737611647
Phone:

From: Regional Sales Office
Fax: 630-321-2206
Phone: 630-321-2200

NOTES:

The Direct General Agent contract is by far the most lucrative contract available when contracting with Assurant Health/Time Insurance. It gives you the opportunity for bonus programs & rewards not available to writing agents, like the availability of up to a 25% contract (29% w/Life) along with bonuses. Most important, it gives you the Ownership rights of the business written. We also have the ability to advance your commissions and pay you weekly(industry first) if requested.

I've included a General Agent contract which you can fill out and fax back to me with a copy of your insurance license to 630-321-2206, at your convenience. We're an A rated company that's been doing business for over 115 years. Our underwriting is second to none, with ExpressYes Instant Issue and printable temp ID cards along w/ Express Underwriting - 17 question on-line application. This allows you to write more business and get paid faster. We also set up a Free Web Page to help you grow your business and offer bi-weekly product training.

Please call me with any questions or fax your contract back to me. Check out www.timeagent.com for more info on Time Insurance.

Please disregard if you are currently a GA with Assurant Health.

Illinois RSD, Daniel M. Cullen, RHU
Ph 877-685-1500 Fx 630-321-2206

dan.cullen@assurant.com

This is not an advertisement. We are not soliciting you to purchase any property, good or service. This information impacts your existing professional relationship with us, or is inviting you to establish a professional relationship with us.

The information contained in this facsimile message is intended only for the use of the addressee. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone for instructions regarding its return.

Assurant Health markets products underwritten by Time Insurance Company.

Time
Insurance



ASSURANT Health

**General Agent
Appointment Application**

Form RSD GA APP 09-05

RSD Name: Dan Cullen

Territory: 723

Fx #: 630-321-2206

AGENCY INFORMATION

1. Agency Type (check only one):

2. Taxpayer Identification Number:

☐ Sole Proprietorship/Individual ☐ Partnership ☐ Corporation

License Requirements – We require a copy of your personal health and life license for your resident state and each non-resident state in which you intend to operate. If your agency is a partnership or corporation, we also require copy of the health and life Agency License for each state (resident and non-resident) in which an appointment is needed. Fees associated with these appointments will be charged to your commission account where permitted. Please send copies of the appropriate licenses with this application.

3. Legal Name under which Taxpayer Identification Number was issued (Please print):

4. Business Street Address: (Required)

STREET

CITY / STATE / ZIP (9 DIGIT)

Business P.O. Box (Optional):

P.O. BOX

CITY / STATE / ZIP (9 DIGIT)

PHONE

FAX

E-MAIL

5. Which address we should use for commission statements, checks and correspondence? (Select one)

☐ Business Street Address
☐ Business P.O. Box

GENERAL AGENT INFORMATION (PRINCIPAL AGENT)

6. General Agent (Full legal name):

Nickname (Optional):

7. Social Security Number:

8. Date of Birth:

9. Resident Address:

STREET

CITY / STATE / ZIP (9 DIGIT)

PHONE

10. Are you now or have you ever used any name other than shown above? ☐ Yes ☐ No If yes, list names, dates and reason used:

11. Have you ever been appointed with Time Insurance Company (previously known as Fortis Insurance Company)?
☐ Yes ☐ No If yes, list agent numbers:

12. Name of Errors and Omissions Carrier:

13. Are you engaged in any other business? ☐ Yes ☐ No If yes, please describe:

Provide details to any "YES" answers for questions 14 – 16 on an attached sheet.

14. Have you ever had a professional license refused, revoked or suspended; or, has disciplinary action been taken against you by a regulatory agency? ☐ Yes ☐ No

15. Are you currently indebted to any insurance company or agency, or is there any dispute regarding your insurance accounts? ☐ Yes ☐ No

16. Have you ever pled guilty or no contest or been convicted of any violation of law other than minor traffic violations?
☐ Yes ☐ No

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201

Time
Insurance

17. List your residence address for past five years up to and including present date:

FROM (MO / YR)	TO (MO / YR)	ADDRESS	CITY / STATE / ZIP	PHONE

18. List all employers for past five years up to and including present date. Include dates, addresses, and positions:

FROM (MO / YR)	TO (MO / YR)	NAME / ADDRESS	CITY / STATE / ZIP	PHONE

IMPORTANT INFORMATION

Fair Credit Act -- I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Assurant Health has a relationship, and products I may sell through that application.

Taxpayer Identification -- Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

Please Note:

This application cannot be processed unless all questions have been answered and appropriate license copies are attached. Fees associated with appointments will be charged to your commission account where permitted.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Time Insurance Company, Assurant Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the numbers/address I have provided herein or at any number/address I subsequently provide to Time Insurance Company. I understand that such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by Time Insurance Company.

GENERAL AGENT'S SIGNATURE _____ DATE _____ RSD's SIGNATURE / HOME OFFICE AUTHORIZATION _____

Company Use Only

Appointment Date	Agency Business No.
GA Appointment Date	GA Business No.

Products are underwritten and issued by:

Time Insurance Company

501 W Michigan
Milwaukee, WI 53201

Time
Insurance

Time Insurance Company General Agent Sales Agreement

This General Agent Sales Agreement is between Time Insurance Company, by its current name or any new name or legal identity it may hold in the future, its subsidiaries and associated organizations (hereinafter referred to as the "Company" or "We" or "Us" or "Our") and

_____, "General Agent" or "You" or "Your" or
(Please print or type name) "Yours".

The General Agent agrees to comply with the following terms and conditions.

General Agent

For Time Insurance Company

Signature

Signature

(Please print or type name)

Effective Date of Agreement
(To be completed by Home Office.)

Date

General Agent #:

BENEFICIARY DESIGNATION:

Name

Address

if living, otherwise to:

Name

Address

DEFINITIONS

AGREEMENT. For the purposes of this Agreement, "Agreement" shall mean this General Agent Sales Agreement, together with the Appointment Application, Commission and Product Schedules and any attachments, exhibits or schedules hereto.

ASSOCIATED ORGANIZATION. For the purposes of this Agreement, an "Associated Organization," shall mean a corporate entity either wholly or partially owned by Time Insurance Company, John Alden Life Insurance Company, Union Security Insurance Company or its parent company Assurant Inc.

IMPORT COMPANY. For the purposes of this Agreement an "Import Company," shall mean a company with which Time Insurance Company or an Associated Organization has entered into a contractual arrangement so as to allow the